

CLAIMS ONLY

Application Number

10-823,035

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3			1			
4				1		
5				1		
6			1			
7				1		
8				1		
9				3		
10				1		
11				1		
12				1		
13				1		
14				6		
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49						
50						
Total Indep			2			
Total Depend			17			
Total Claims			19			

may be used for additional claims or amendments

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						